

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JAN 9 1935

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No.) St. Ward

File No. 40436
Registered No. 136

2. FULL NAME

(a) Residence, No. Mrs. Susan Catherine Bales St. Ward
(Usual place of abode) Richmond Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William J. Bales</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 7, 1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Wife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray County, Missouri</u>				
MOTHER FATHER	13. NAME <u>Matthew M. Vaughn</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Catherine Jacob</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mrs. William J. Bales</u> (ADDRESS) <u>Richmond Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunny Slope</u> DATE <u>November 7, 1935</u>				
19. UNDERTAKER <u>W. Mansur</u> (ADDRESS) <u>Richmond, Missouri</u>				
20. FILED <u>1-9</u> 19 <u>35</u> <u>E. E. Ray</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1933, to 10-30, 1934
I last saw him alive on 10-30, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast
Other contributory causes of importance:
50

Name of operation none Date of
What test confirmed diagnosis? chem Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.O.
If so, specify
(Signed) E. E. Ray, M. D.
(Address) Richmond Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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